

Please type a plus sign (+) inside this box → (+)

Approved for use through 9/30/00. OM 61651-0632
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	0618-0050																														
		First Named Inventor	David ROSS et al.																														
		COMPLETE IF KNOWN																															
		Application Number	New Application																														
		Filing Date	January 25, 2001																														
		Group Art Unit	Unassigned																														
		Examiner Name	Unassigned																														
<p><input type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(d)) required)</p>																																	
<p>As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: VIDEO PRODUCTION SWITCHER WITH INTEGRATED ASPECT RATIO CONVERTER (Title of the Invention) the specification of which <input checked="" type="checkbox"/> is attached hereto OR <input type="checkbox"/> was filed on (MM/DD/YYYY) _____ As United States Application Number or PCT International Application Number _____ And was amended on (MM/DD/YYYY) _____ (If applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p>																																	
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1"> <thead> <tr> <th>Prior Foreign Application Number(s)</th> <th>Country</th> <th>Foreign Filing Date (MM/DD/YYYY)</th> <th>Priority Not Claimed</th> <th colspan="2">Certified Copy Attached</th> </tr> <tr> <th></th> <th></th> <th></th> <th>YES</th> <th colspan="2">No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached					YES	No					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached																													
			YES	No																													
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</p>																																	
<p>I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.</p> <table border="1"> <thead> <tr> <th>Application Number(s)</th> <th>Filing Date (MM/DD/YYYY)</th> <th><input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</th> </tr> </thead> <tbody> <tr> <td>69/178,713</td> <td>January 28, 2000</td> <td></td> </tr> </tbody> </table>				Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	69/178,713	January 28, 2000																									
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.																															
69/178,713	January 28, 2000																																

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissions for Patents, Washington, DC 20231.

NVA167894.1

Please type a plus sign (+) inside this box → [+]

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB-0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365C of any PT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application are listed on a supplemental priority date sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: [X] Customer Number 22204

OR

[X] Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Daniel W. Sibley	20,932	Daniel S. Song	43,143
Stuart J. Friedman	24,312	Marc S. Kaufman	35,212
Charles M. Leedom, Jr.	26,477	James E. Howard	39,175
David S. Safran	27,997	Cocaine R. Gorski	34,339
Thomas W. Cole	28,290	Kenneth H. Salen	43,077
Donald R. Studebaker	32,815	Jason H. Vick	45,285
Jeffrey L. Costello	35,483	Carolyn Baumgardner	41,545
Tim L. Brackett, Jr.	36,092	Luan C. Do	38,434
Eric J. Robinson	38,285		

Direct all correspondence to: [X] Customer Number 22204

Name: Eric J. Robinson

Firm: NIXON PEABODY LLP

Address: 8180 Greensboro Drive, Suite 800

City: McLean

State: VA

ZIP: 22102

Country: United States

Telephone: (703) 790-0110

FAX: (703) 883-0370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

David

ROSS

Inventor's Signature:

Date: JAN 25 2001

Residence: City: Nepean

State: Ontario

Country: CANADA

Citizenship: CANADA

Post Office Address: 69 Armagh Way

City: Nepean

State: Ontario

ZIP: K2J 4C1

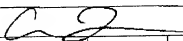
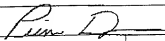
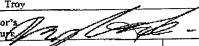
Country: CANADA

[X] Additional inventors are being named on the [] Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → (+)

PTO/SI/22A (10-00)
Approved for use through 10/31/2002. OMB 9551-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: Alton J.		Family Name Or Surname: FRYER	
Inventor's Signature: 		Date: JAN 25 2001	
Residence: City Nepean	State Ontario	Country CANADA	Citizenship CANADA
Mailing Address: 75 Queensbury			
Mailing Address:			
City Nepean	State Ontario	ZIP K2J 4P3	Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: Pierre		Family Name Or Surname: DEGUIRE	
Inventor's Signature: 		Date: JAN 25 2001	
Residence: City Kanata	State Ontario	Country CANADA	Citizenship CANADA
Mailing Address: 10 Lillian Way, RR#1			
Mailing Address:			
City Kanata	State Ontario	ZIP K2K 1X7	Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: Troy		Family Name Or Surname: ENGLISH	
Inventor's Signature: 		Date: JAN 25 2001	
Residence: City Ottawa	State Ontario	Country CANADA	Citizenship CANADA
Mailing Address: 726 Pleasant Park			
Mailing Address:			
City Ottawa	State Ontario	ZIP K1G1Y6	Country CANADA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NVA167894.1